

CASTLE COUNTRY CARE CENTER PROVIDER #: 465098 FACILITY BEDS TYPE ACTION: RECERTIFICATION
1340 EAST 300 NORTH PHONE NUMBER: (435) 637-9213 TOTAL: 100
PRICE UT 84501 PARTICIPATION DATE: 11/01/1984 CERTIFIED: 100 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/29/2003		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 100			
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TOTAL:	53	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	9	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	32			20		80	
OTHER:	12						

CURRENT SURVEY REVISIT DATES - 12/02/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
11/2000		12/2001		09/2002		10/29/2003			
X	D			X	B				REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
		X	E			X C	D	11/21/2003	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	B	X P	B	11/12/2003	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	E			X C	D	11/21/2003	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	D	11/21/2003	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	D					X C	E	11/21/2003	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	B					X C	E	11/21/2003	REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE
X	D								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	E								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E	X	D	X C	D	11/21/2003	REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
				X	D	X C	E	11/21/2003	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
									REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
11/2000	12/2001	09/2002	10/29/2003		
			X C	11/14/2003	K0012-CONSTRUCTION TYPE
		X	X P	11/14/2003	K0018-CORRIDOR DOORS
			X C	11/04/2003	K0025-SMOKE PARTITION CONSTRUCTION
			X C	11/25/2003	K0038-EXIT ACCESS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

CASTLE COUNTRY CARE CENTER

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EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 11/2000	85 EXIST PRIOR 2 SURVEY 12/2001	85 EXIST PRIOR 1 SURVEY 09/2002	2000 EXIS CURRENT SURVEY 10/29/2003	PLAN/DATE OF CORRECTION
X			X P	10/30/2003
		X	X N	
			X C	11/07/2003
X	X			
X	X	X	X C	11/07/2003

LSC DEFICIENCIES - BLDG NO. 01

K0050-FIRE DRILLS
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0072-FURNISHING AND DECORATIONS
K0074-COMBUSTIBLE CURTAINS
K0130-OTHER

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	7	5	3	5
HEALTH TOTAL	7	5	3	5
LIFE SAFETY CODE	8	3	2	3
LIFE SAFETY CODE + HEALTH	15	8	5	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
09/04/2002	UNSUBSTANTIATED
01/29/2003	UNSUBSTANTIATED
10/29/2003	UNSUBSTANTIATED
12/15/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY